Piedmont Sheet Metal Company, Inc.

HVAC Contractors • 801 N. Broad Street • Winston-Salem, NC 27101 • (910) 724-7439 • FAX (910) 724-2804 Since 1928



March 28, 1996

State of North Carolina
Department of Environment,
Health & Natural Resources
585 Waughtown Street
Winston-Salem, NC 27101-2241

Mr. Thomas Moore:

In response to your correspondence dated March 26, 1996, we have enclosed copies of all our paper work involved in removal of old tank and installation of the new tank. If this does not address the issues in your letter, please give us a call.

Thank you and have a blessed day.

Respectfully yours,

Ted Cook

Vice President

Dec Coak

	\$ 14 A S	Site Investigatio	n Report For Pe	mahe	nt C	osure	Or	Change	en-se	Mee of USII	
FOF	1,000	ım Completed Form	To:	•					State	Use Only	
TANK	ounty o	f the fa	idlity's ! =GION/	location.	I.D. Number						
NC	I •	ICE ADDRESS].	E SIDE OF OWNER'S C	, , ,c	JEOC, 1	OIT III	,		Date	Received	
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	e e	Ownership of Tank	9)	W. Dec		数据被			ocation	of , Tank(s)	
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	eme (Corporation	n, Individual, Public Agency, or	Other Enery)		ļ	Facility	Name o	or Compan	Ŋ 		
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	TI COMPANY	V. U.S.T. Informatic	-		V. Ex	availor	Cont	lition	经标记	VL Additional Information Require	
Tank	Size in	Tank	Last	Wa	ter in Ivation	Fre	*****	Notable	Odor or Contamination	n	
No.	Gallons	Dimensions	Contents	Yes	No	Yes	No	Yes	No	See reverse side of blue copy	
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	<u> 4,000</u>	5+1:4:1 X24F1	<u> حمالمده</u> ق	 	4		14_		X	information required by N.C DEM in the	
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			Chec	sk the a	activities	compl	eted.				
LA-	Contact loc	al fire marshall]					
	Notify DEM	I Regional Office before	abandonment			_					
Drain & flush piping into tank. Fill tank until material overflows tank opening; Remove all product and residuals from tank Plug or can all openings:											
Excavate down to tank Disconnect and cap or remove vent line Clean and inspect tank Solid inext material used a please specify:											
<u> </u>	Remove dro submersible	op tube, fill pipe, gauge pumps and other tan	pipe, vapor recovery tank	connecti	ons,					,	
묽	Cap or plug	all lines except the ver	nt and fill lines			_			MOVAL	,	
Purge tank of all product & flammable vapors. Cut one or more large holes in the tanks.							Create vent hole Label tank				
Backfill the area. Date Tank(s) Permanently closed: 1-4-5-3							Dispose of tank in approved manner Final tank destination:				
	Date of C	Change-In-Service:					20	Leura	Tank	Disposal Colfax, 1	
NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,	**************************************		VIII. C	anilical	on le						
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na @	me and offic	al title of owner or ow	mor's authorized representati	ve	7	Signe	続te			Date Server	
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